FEC FORM 2 STATEMENT OF CANDIDACY.

RECEIVED

1. (a) Name of Candidate (in full)		2013 JAN 28 P	M 12: 20	
Shawna Joy Martinez		rais ONIA FO 1	IIIL GO	
(b) Address (number and street) 770 Sharp Road	Check if address change	ged FEC MA 2 109	otification Number	
(c) City, State, and ZIP Code		3. Is	This New	Amended
Sharpsburg, Kentucky 4	10374 The State of	s	tatement 🗸 (N)	OR (A)
4. Party Affiliation	5. Office Sought	6. State & District of C	andidate	
Independent	President	Kentucky		
DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE				
7. I hereby designate the following na	med political committee as my Princi		0040	_ election(s).
NOTE: This designation should be	filed with the appropriate office listed	in the instructions.		•
(a) Name of Committee (in full)			<u>. </u>	
Shawna 4 Freedor	n			
(b) Address (number and street)				
770 Sharp Road				
(c) City, State, and ZIP Code				
Sharpsburg, Kent	ucky 40374			•
DESIGNATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives)				
	(Including Joint Fundra	aising Representatives)		
I hereby authorize the following na candidacy.		•		nd funds on behalf of my
candidacy.		ncipal campaign committee,		nd funds on behalf of my
candidacy.	med committee, which is NOT my pri	ncipal campaign committee,		nd funds on behalf of my
candidacy. NOTE: This designation should be	med committee, which is NOT my pri	ncipal campaign committee,		nd funds on behalf of my
candidacy. NOTE: This designation should be	med committee, which is NOT my pri	ncipal campaign committee,		nd funds on behalf of my
candidacy. NOTE: This designation should be (a) Name of Committee (in full)	med committee, which is NOT my pri	ncipal campaign committee,		nd funds on behalf of my
candidacy. NOTE: This designation should be (a) Name of Committee (in full) (b) Address (number and street)	med committee, which is NOT my pri	ncipal campaign committee,		nd funds on behalf of my
candidacy. NOTE: This designation should be (a) Name of Committee (in full)	med committee, which is NOT my pri	ncipal campaign committee,		nd funds on behalf of my
candidacy. NOTE: This designation should be (a) Name of Committee (in full) (b) Address (number and street)	med committee, which is NOT my pri	ncipal campaign committee,		nd funds on behalf of my
candidacy. NOTE: This designation should be (a) Name of Committee (in full) (b) Address (number and street) (c) City, State, and ZIP Code	med committee, which is NOT my pri	ncipal campaign committee, inittee.	to receive and exper	
candidacy. NOTE: This designation should be (a) Name of Committee (in full) (b) Address (number and street) (c) City, State, and ZIP Code	med committee, which is NOT my pri	ncipal campaign committee, inittee.	of it is true, correct an	
candidacy. NOTE: This designation should be (a) Name of Committee (in full) (b) Address (number and street) (c) City, State, and ZIP Code I certify that I have ex	med committee, which is NOT my printing filed with the principal campaign committee with the principal campaign campaign committee with the principal campaign camp	at of my knowledge and belie	ef it is true, correct an	d complete.
candidacy. NOTE: This designation should be (a) Name of Committee (in full) (b) Address (number and street) (c) City, State, and ZIP Code I certify that I have ex Signature/of Candidate	med committee, which is NOT my printing filed with the principal campaign committee with the principal campaign campaign committee with the principal campaign camp	at of my knowledge and belie	ef it is true, correct an	d complete.

To print and file this form, select "Print" from the "File" menu above. In the "Print" window, select "Document" from the drop down menu labeled "Comments and Forms" Doing so will ensure that the icons and other instructions will not appear on your filing. Click here for a video printing demonstration.